

06-28-00

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PTO/SB/05 (4/98)
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06/27/00
JC712 U.S. PTO

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

| | |
|--|--|
| Attorney Docket No. | GI-5238BA |
| First Inventor or Application Identifier | Nicholas W. Warne |
| Title | Topical Formulation for Delivery of Interleukin-11 |
| Express Mail Label No. | EL564796563US |

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. ☒ * Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☒ Specification [Total Pages **34**]
(preferred arrangement set forth below)
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. ☐ Drawing(s) (35 U.S.C. 113) [Total Sheets
4. Oath or Declaration [Total Pages **3**]
 - a. ☐ Newly executed (original or copy)
 - b. ☒ Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)
 - i. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

5. ☐ Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Copy
 - b. ☐ Paper Copy (identical to computer copy)
 - c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. ☐ Assignment Papers (cover sheet & document(s))
8. ☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
9. ☐ English Translation Document (if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
11. ☐ Preliminary Amendment
12. ☐ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
13. ☐ * Small Entity Statement(s) ☐ Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)
14. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
15. ☐ Other:

* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:
☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: **09 / 179,026**
Prior application information: Examiner **P. Mertz** Group / Art Unit: **1646**
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

| | | | |
|--|---|---|-------------------|
| 17. Customer Number or Bar Code Label <input checked="" type="checkbox"/> (Insert C 24363) | | DRESS <input type="checkbox"/> or <input type="checkbox"/> Correspondence address below | |
| Name | M. Kymne Hehman | | |
| American Home Products, Corporation | | | |
| Address | Patent & Trademark Office -2B (Attn: Kay E. Brady) | | |
| One Campus Drive | | | |
| City | Parsippany | State | New Jersey |
| Country | | Zip Code | 07054 |
| | Telephone | | Fax |

| | | | |
|-------------------|------------------------|-----------------------------------|---------------------|
| Name (Print/Type) | M. Kymne Hehman | Registration No. (Attorney/Agent) | 39,206 |
| Signature | <i>Mary K. Hehman</i> | Date | 27 June 2000 |

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FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$) 1158.00

Complete if Known

Application Number
Filing Date
First Named Inventor **Nicholas W. Warne**
Examiner Name **P. Mertz**
Group / Art Unit **1646**
Attorney Docket No. **GI-5238BA**

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **07-1060**

Deposit Account Name **Genetics Institute, Inc.**

☐ Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17

2. ☐ Payment Enclosed:

☐ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

| Large Entity Code | Small Entity Code | Fee (\$) | Fee Description | Fee Paid | |
|-------------------|-------------------|----------|-----------------|------------------------|-----|
| 101 | 690 | 201 | 345 | Utility filing fee | 690 |
| 106 | 310 | 206 | 155 | Design filing fee | |
| 107 | 480 | 207 | 240 | Plant filing fee | |
| 108 | 690 | 208 | 345 | Reissue filing fee | |
| 114 | 150 | 214 | 75 | Provisional filing fee | |

SUBTOTAL (1) (\$) 690

2. EXTRA CLAIM FEES

| Total Claims | Extra Claims | Fee from below | Fee Paid |
|--------------------|--------------|----------------|----------|
| 46 | -20** = 26 | X 18 | = 468 |
| 3 | -3** = 0 | X | = 0 |
| Multiple Dependent | | | |

**or number previously paid, if greater; For Reissues, see below

| Large Entity Code | Small Entity Code | Fee (\$) | Fee Description | |
|-------------------|-------------------|----------|-----------------|--|
| 103 | 18 | 203 | 9 | Claims in excess of 20 |
| 102 | 78 | 202 | 39 | Independent claims in excess of 3 |
| 104 | 260 | 204 | 130 | Multiple dependent claim, if not paid |
| 109 | 78 | 209 | 39 | ** Reissue independent claims over original patent |
| 110 | 18 | 210 | 9 | ** Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2) (\$) 468

FEE CALCULATION (continued)

3. ADDITIONAL FEES

| Large Entity Code | Small Entity Code | Fee (\$) | Fee Description | Fee Paid |
|---------------------------|-------------------|----------|-----------------|--|
| 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath |
| 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet |
| 139 | 130 | 139 | 130 | Non-English specification |
| 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination |
| 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action |
| 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action |
| 115 | 110 | 215 | 55 | Extension for reply within first month |
| 116 | 380 | 216 | 190 | Extension for reply within second month |
| 117 | 870 | 217 | 435 | Extension for reply within third month |
| 118 | 1,360 | 218 | 680 | Extension for reply within fourth month |
| 128 | 1,850 | 228 | 925 | Extension for reply within fifth month |
| 119 | 300 | 219 | 150 | Notice of Appeal |
| 120 | 300 | 220 | 150 | Filing a brief in support of an appeal |
| 121 | 260 | 221 | 130 | Request for oral hearing |
| 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |
| 140 | 110 | 240 | 55 | Petition to revive - unavoidable |
| 141 | 1,210 | 241 | 605 | Petition to revive - unintentional |
| 142 | 1,210 | 242 | 605 | Utility issue fee (or reissue) |
| 143 | 430 | 243 | 215 | Design issue fee |
| 144 | 580 | 244 | 290 | Plant issue fee |
| 122 | 130 | 122 | 130 | Petitions to the Commissioner |
| 123 | 50 | 123 | 50 | Petitions related to provisional applications |
| 126 | 240 | 126 | 240 | Submission of Information Disclosure Stmt |
| 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |
| 146 | 690 | 246 | 345 | Filing a submission after final rejection (37 CFR § 1.129(a)) |
| 149 | 690 | 249 | 345 | For each additional invention to be examined (37 CFR § 1.129(b)) |
| Other fee (specify) _____ | | | | |
| Other fee (specify) _____ | | | | |

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY

| Name (Print/Type) | Registration No. (Attorney/Agent) | Telephone |
|------------------------|-----------------------------------|---------------------|
| M. Kymne Hehman | 39,206 | 617-665-8203 |
| Signature | Date | |
| <i>Mary K. Hehman</i> | <i>27 June 2000</i> | |

WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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